Application for Non-Cigarette Tobacco Products Stamp

Issued under the authority of P.A. 327 of 1993, as amended. Filing is mandatory. You will not receive a stamp unless this form is filed.

Treasury will approve your application and send it to the stamp manufacturer **approved by the department**. The manufacturer will deliver the stamp to you. Please pay the manufacturer directly. **Do not order a new, replacement or repaired stamp directly from the manufacturer.** Your request must be approved before the stamp can be made.

Name and Address of	Applicant					
Name of Owner or Trade Name		FE, ME, or TR Number	Corporate Office	Corporate Office Street Address		
City			State	ZIP Code		
Stamp is being ordered for:				Quantity		
Stamp for main location			New	Replacement	Repair	
Stamp for branch	ocation					
* If stamp is being ord	ered for more than on	e location a separate	application must	be submitted for each	ch location.	
Stamp Manufacturer:	Treasury. Any hand		who wants to			
Owner's Signature				Daytime Phone		
Ship To: Address of Ma Name of Owner or Trade Name Street Address	ain or Branch Location F	For Which Stamp is Bei	ng Ordered			
City		S	tate	ZIP Code		
Michigan Day automout	of Tuesday Assessed					
Michigan Department Stamp Number to be Inserted in						
Signature						
Manufacturer's Endor	sement					
A stamp(s) as described above w	vas delivered to the applicant on (date):				
Manufacturer's Signature						

Return To: Customer Contact Division, Tobacco Taxes Unit

Michigan Department of Treasury

Treasury Building

Lansing, Michigan 48922